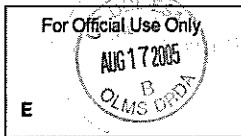


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9169</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>James</u> <u>H</u> <u>Gardner</u> P.O. Box, Bldg., Room No., if any <u>P. O. Box 591</u> Street _____ City <u>Gates Mills</u> State <u>Ohio</u> ZIP Code + 4 <u>44040-9711</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Operating Engineers Local 18</u> Labor Organization File Number <u>039-040</u> P.O. Box, Building and Room Number, if any _____ Street <u>3515 Prospect Avenue</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44115</u>
5. Position in labor organization. <u>Business Manager and General Vice President of International</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>James H. Gardner</u>	On <u>8-11-05</u> <u>440-423-0505</u> Date Telephone Number

Name of Person Filing James H. Gardner	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 80%;" type="text" value="The General Pension Fund (GPP)"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="1125 Seventeenth Street, NW"/> City <input style="width: 80%;" type="text" value="Washington"/> State <input style="width: 20%;" type="text" value="DC"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="20036"/>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> General Pension Plan (GPP) See Attached Sheet </div> 11.b. Approximate dollar value of such dealing. <input style="width: 80%;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> Trustee of Fund - Reimbursement for expenses to attend meeting of January 14 - 15, 2004 </div> 12.b. Amount. <input style="width: 80%;" type="text" value="\$1366.54"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 80%;" type="text"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input style="width: 80%;" type="text"/>

Form LM-30
Statement

James H. Gardner

Line 11.a.

The General Pension Plan (GPP) covers the officers/staff of IUOE Local Unions and receives contributions (\$10.7 million in 2004) from such Locals; the GPP pays rent to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone (total of rent and all reimbursements for 2004 was approximately \$318000.)